amendment

NY STATE CLIENT SEMI-ANNUAL REPORT

Marking Instructions: Please type or use blue or black ink pen.

Completely fill in one circle.

Reporting Information

2013

Print legible numbers and block letters, no script.

COMPLETE ALL SECTIONS

FOR OFFICE USE ONLY

before submitting or form will be returned.

Fill in circle if amendment	amended got Soff
Report Period: January/June July/December	RECEIVED JUL 1 7 2013
Type of Lobbying: Nonprocurement O Procurement OBoth	NECEIVED JOE 17 2010
Client Filing Fee Check Number:	
Il Client Information	
Name: Association of Financial Gua	ranty Indurers
Permanent Bysiness Address: 139 Lancapter 7	Treet
City: A (bang State:	NY ZIP code: (12-10
Business Phone: 518.449.4699 Fax Num	
Third Party Beneficiary (see instructions):	
III Lobbyist(s) Information & Compensation (Current Any individual or organization that has lobbied on behalf of the client must be threshold was exceeded by that individual or organization.	Period Only) De reported below, regardless of whether the
A Type of Lobbyist: O Retained O Employed O	Designated
Level of Gov't: O State Lobbying O Local Lobbying O	
Name:	Phone Number:
Address:	
City:	State: ZIP code:
Compensation for current period: \$.00	zii code.
B Type of Lobbyist: O Retained O Employed O	Designated
Level of Gov't: O State Lobbying O Local Lobbying O	Both
Name:	Phone Number:
Address:	
City:	State: ZIP code:
Compensation for current period: \$.00	
C Type of Lobbyist: O Retained O Employed O	Designated
Level of Gov't: O State Lobbying O Local Lobbying O	Both
Name:	Phone Number:
Address:	COLUMN TO THE CO
City:	State: ZIP code:
Compensation for current period: \$.00	
O Continued on attached pages	
D TOTAL COMPENSATION of ALL lobbyists for current period	(A+B+C+addendum sheets): \$.00

IV Other Expenses (Current Semi-Ann	ual Period Only)		
A Report in the aggregate all expenses less than or ea	qual to \$75:	\$.00
B Report in the aggregate all expenses for salaries of	non-lobbying employees:	\$.00
C Itemize each expense exceeding \$75:			
PAID TO:	DATE: / /	0	Ad O Social Event
PURPOSE:	AMOUNT: \$.0	0 0	*Addendum attached
O PROCUREMENT O NONPROCUREMENT			
PAID TO:	DATE: / /	0	Ad O Social Event
PURPOSE:	AMOUNT: \$.0	0 0	*Addendum attached
O PROCUREMENT O NONPROCUREMENT			
Continued on attached pages			P
If any expense listed above exceeds \$75 for a expense, dollar amount attributable to the in	an individual, you must attach dividual and the name, title ar	the adder	ndum page listing the
D Total expenses for current period: \$.00 (if applicable, include o	II expense	s from attached pages in total)
V Source of Funding Disclosure			
In the event only one person or entity is event multiple persons or entities have	listed as the Single Source for a	Contributi	on(s), use Section A. In the
A Below, list all Contributions received from	m the Single Source Include the	data and	the amount of the Couldball
Addendum for the additional Contribution	is ithm the single source have b	een receiv	red, use section V(C) of the
Contribution(s) from Single Source #1			PALY COMPANY OF THE PARK THE P
Single Source Entity's Name: A 33 ure do	svaranty Carp		
Single Source Person's Last Name:	A L First Name:		
Address: 31 West, 52 nd	OTreet	.)	
City: New York	State: 🔨	4	ZIP code: 10019
Phone: 212,974,0100	A THE RESIDENCE OF THE PARTY OF		and the second of the second o
Date Contribution Received: 03, 01, 2	.013 Amount of Contribu	tion: \$	16,800.00
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Check here if using section V(C) of the Addendum for a	dditional Contributions:		0
Contribution(s) Single Source #2	7	1	
Single Source Entity's Name: A 550122 G	waranty Municip	oal (20rp,
or Single Source Person's Last Name:	/ First Name:		
Address: 31 West 52 nd 5	treet		
city: New York	State: N	1	710
Phone: 212,974,0100	sidle. N		ZIP code: 10014
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Check here if using section V(C) of the Addendum for a		ЮП. Ф	.00
Check here if there are Contribution(s) from Single Source			

Designated Addendum sheet for section V(A)

Please use the following addendum pages as continuation for the specified sections. If additional space is needed, please make a copy of this sheet.

V Source of Funding Disc	closure		
A Below, list all Contrib received.	utions receive	d from the Single Source. Include the date an	d the amount of the Contribution
Contributions from Single Source			
Single Source Entity's Name:	MOIA	Insurance Corp.	
or Single Source Person's Last Name		,	
Address: 113 King	Street	First Name:	
City: Armank O Phone: 914.273.45		State: NY	ZIP code: (0504)
Date Contribution Received:		20/3 Amount of Contribution: \$	8,460.00
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Date Contribution Received:	/ /	Amount of Contribution: \$.00
Check here if using section V(C) of th	e Addendum f	for additional Contributions:	.00
Single Source Entity's Name: A or Single Source Person's Last Name: Address: 113 King City: Armonk		First Name:	
Phone: 914.765.333	3	State: NY	ZIP code: 10507
Date Contribution Received:	21201	2013 Amount of Contribution: \$	8,400.00
Date Contribution Received:		Amount of Contribution: \$.00
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Single Source Entity's Name: Ror Single Source Person's Last Name: Address: 335 Mag City: New York Phone: 212.98	adian lison H	Apoet Asquance a First Name: State: NY	ZIP code: 10017
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City: New York, Phone: 212.98	adian lison H	First Name: State: NY Amount of Contribution: \$ Amount of Contribution: \$	ZIP code: 10017 12,600.00 .00
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Designated Addendum sheet for section V(C)

Please use the following addendum pages as continuation for the specified sections. If additional space is needed, please make a copy of this sheet.

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C Single Source Inform	nation for	one Person or En	tity for a single Contribution.	
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or Single Source (or Related or Affi		erson's Last Nan		
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City: New Yor	K	0.712	State 110	and the second of the second o
Phone: 212, 478	340	7	State: NY	ZIP code: (002
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VI Subjects lobbied:	VII Person, State Agency, Municipality or Legislative Body lobbled:				
O Continued on attached pages	Continued on attached pages				
	o commoca of anachea pages				
VII Bill, Rule, Regulation, Rate Number or brief description relative to the introduction or intended introduction of legislation or a resolution on which you lobbied:	VIII Title and Identifying Numbers of procurement contracts/documents lobbied:				
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Number or Subject Matter of Executive Order of Governor/Municipality lobbied:	X Subject Matter of and Tribes involved in tribal-state compacts, etc lobbied:				
O Continued on attached pages	O Continued on attached pages				
This Declaration This Declaration must be signed by the Chief Administrative Officer. (If the Chief Administrative Officer, for any reason, does not sign, he/she must duly designate another person to sign this Declaration.) (See instructions.) I declare under penalty of perjury that the information contained in this report is true, correct, and complete to the best of my knowledge and belief. X SIGNATURE: DATE: PRINT NAME: LAST CASEY FIRST TEIRES					
TITLE: Executive Director	Company of the second state of the second stat				
Marile One and additional additional and additional and additional addition	Designed (Attack Lotter)				
Olicel Olicel	Designee(Attach Letter)				
The following MUST be attached to this repor	4 -4 11 12				

--You must attach a \$50 dollar filing fee to each semi-annual report. (No fee is required for amendments to the original) --If applicable, a designation letter if you have marked designee in section XI.

--If applicable, continuation sheets for sections III,IV,V,VI,VII,VIII,IX and X.

PLEASE NOTE You may be assessed up to \$25 for each day this report is late.